

**Senator Frank R. Lautenberg
New Jersey**



Academy Candidate Fact Sheet

I hereby submit my application to Senator Frank R. Lautenberg for consideration as a nominee to a service academy; I would like to be considered for the class of _____.

PLEASE TYPE

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE NUMBER H: ____/____/____ **COUNTY:** _____

FEMALE: _____ **MALE:** _____ **DATE of BIRTH:** _____

SOCIAL SECURITY #: ____/____/____

TEMPORARY ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE NUMBER H: ____/____/____

HIGHEST SAT/ACT SCORES

SAT VERBAL: _____

SAT MATH: _____

ACT SCORES: _____

SIGNATURE _____



PLEASE PLACE CURRENT PHOTO
HERE

ACADEMY PREFERENCE

(If more than one, indicate in numerical order)

U.S. Air Force Academy: _____

U.S. Merchant Marine Academy: _____

U.S. Military Academy: _____

HIGH SCHOOL and /or COLLEGE ADDRESS

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ / _____ / _____

HIGH SCHOOL GRADUATION DATE: _____

HIGH SCHOOL and/or COLLEGE POINT AVERAGE: _____

RANK: _____

PLEASE ATTACH MOST RECENT TRANSCRIPT AND LIST OF ACTIVITIES

VISUAL ACUITY WITHOUT GLASSES: _____

WITH GLASSES: _____

DESCRIBE YOUR HEALTH:

PLEASE DESCRIBE ANY WORK EXPERIENCE:

PLEASE LIST THREE REFFERENCES INCLUDING ADDRESS & PHONE NUMBER

1)

2)

3)

PLUS THREE LETTERS OF RECOMMENDATION

ACCEPTANCE TO A SERVICE ACADEMY CHANGES YOUR LIFE IN MANY WAYS. TELL US WHAT YOU KNOW ABOUT THE FIRST-YEAR SCHEDULE.

HAVE YOU DISCUSSED WITH YOUR PARENTS YOUR INTERESTS IN ATTENDING AN ACADEMY? HOW DO THEY FEEL?

WHAT ARE YOUR GOALS? HOW DO YOU EXPECT THE ACADEMY TO AID YOU IN ACHIEVING THEM?

WHAT DO YOU BELIEVE IS GOING TO BE YOUR GREATEST DIFFICULTY IN ADJUSTING TO ACADEMY LIFE?

DESCRIBE YOUR PERSONAL ROLE IN ANY SPECIAL SCHOOL, RELIGIOUS OR COMMUNITY ACTIVITY YOU HAVE BEEN INVOLVED IN RECENTLY.

WHERE DO YOU SEE YOURSELF TEN YEARS AFTER COMPLETEING YOUR ACADEMY EDUCATION?

**PLEASE LIST YOUR FAVORITE
SUBJECTS**

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**PLEASE LIST YOUR LEAST
FAVORITE SUBJECTS**

EXTRA-CURRICULAR ACTIVITIES

___ Eagle Scout	___ President of Class	___ Key Club
___ Girls' Scout/Girls' Nation	___ Other Class Office	___ Language or Science Club
___ Boy Scout	___ Student Council Member	___ Officer, Non-School Club
___ Jr. ROTC Officer	___ Other Student Office	___ Church Club
___ President of Student Govt.	___ Editor, School Publ.	___ School Band
___ Girl Scout	___ Office, School Club	___ Chorus
___ Yearbook/Newspaper	___ Hours Worked per Week	___ Hours Worked (Summer)
___ Community Award		

ATHLETICS

	Varsity	Junior Varsity	Club
Basketball			
Baseball			
Cheerleading			
Fencing			
Field Hockey			
Football			
Gymnastics			
Lacrosse			
Soccer			
Swimming			
Tennis			
Track			
Volleyball			
Wrestling			

PLEASE RETURN ALL INFORMATION TO:
 Senator Frank R. Lautenberg
 Attn: Academy Department
 One Gateway Center
 23rd Floor
 Newark, NJ 07102

This application must be typed, printed out and returned by mail to the above address.

KEEP A COPY FOR YOURSELF